



**State of Missouri
Department of Insurance
Life & Health Section**

Company Name: _____

Form # as it appears on the TD-1: _____

This form will be used in the following markets (please indicate all that apply):	
Large Group	Small Group

If the filing is used in a group or group type market, please indicate all that apply:	
Employer/(Single)Employer Trust; 376.421.1(1)RSMo _____	Association; 376.421.1(5) RSMo _____
Creditor; 376.421.1(2) RSMo _____	Credit Union; 376.421.1(6) RSMo _____
Labor Union; 376.421.1(3) RSMo _____	Discretionary; 376.421.2 RSMo _____
Trust (MET, etc); 376.421(4) RSMo _____	

DESCRIPTION OF PROVISIONS FOR GROUP MEDICAL EXPENSE			
REVIEW REQUIREMENTS	Citation	Summary	Location in Contract (page and section #) If Applicable
Policy Forms			
Filing submissions	20 CSR 400-8.200	Procedures for filing all policy forms	
Free Look	20 CSR 400-2.010	10 day free look period for discretionary group policy forms only	
C.O.B.	20 CSR 400-2.030	Coordination of benefits – group only	
Definitions	20 CSR 400-2.060(2)	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
Elements of coverage required	20 CSR 400-2.060(3)	Elements of coverage required	-----
Insured in the Military	(A)	If benefits are not provided for those who joined the military; pro-rata unearned refund. For discretionary groups only.	
Benefits reduced	(B)	If benefits are reduced due to age, policy must disclose in conspicuous print and location. For discretionary groups only.	
Application changes	(C)	Company may disclaim agents authority to alter contract or grant insurability – Prohibits certain language	
Government hospital	(D)	Hospital reimbursement contracts not affected by confinement in government hospital	
Calculating benefits payable	(E)	Deductible shall be applied to allowable expenses prior to applicable coinsurance	
Prohibited language	(F)	Prohibits “accidental means” tests. Review Reg. for additional prohibited exclusions	
Alcoholism	(G)	Coverage for hospital or treatment facility for alcoholism treatment. May be limited to 30days	
Essential conditions to be contained	20 CSR 400-2.060(4)	Essential conditions to be contained	-----

Certificate - group	(A)	Certificate of Coverage to be delivered must be submitted for approval with master policy	
Variables - group	(B)	With accompanying statement, master contracts may be filed with variable wording	
Total Disability defined	(C)	Minimum standard for definition of Total Disability	
Residual Disability	(D)	Shall be defined in relation to the insured's reduction in earnings	
Application processing	(E)	Within 60 days of home office receipt; shall notify prospective insured of acceptance or rejection	
Suicide exclusion	(F)	May not exclude coverage for attempted suicide while insane	
Excluded occupational injuries	(G)	May exclude injuries arising in the course of employment	
Application Questions	20 CSR 400-2.120	Application questions & underwriting practices relating to HIV infection	
Requirements for group health filings in-state and out-of-state	20 CSR 400-2.130	Affidavit/Requirements for Association and Discretionary Groups	
Disclosure	375.924	Company address and telephone number	
GROUP policies	376.426 RSMo	Required provisions for GROUP policies	-----
Grace period	(1)	Grace period provision (31 days)	
Incontestability	(2)	Validity of the policy shall not be contested after it has been in force for 2 years from date of issue	
Application	(3)	All statements shall be deemed representations and not warranties. No statement shall be used to contest unless a copy has been furnished to insured	
Evidence of individual insurability	(4)	Conditions, if any, for which the insurer reserves the right to require evidence of insurability	
Preexisting conditions	(5)	Exclusion or limitation may only apply to condition which medical advise or treatment was received during 12 months prior...	
Misstatement of age	(6)	Amount of coverage to equal amount premium would have purchased at actual age at issue	
Certificate required	(7)	Insurer shall deliver to policy holder, to give to insured persons, a certificate of coverage's	
Notice of claim	(8)	Provision: written notice of claim must be given to insurer within 20 days after occurrence. *Failure may not invalidate claim-	
Claim forms	(9)	Insurer shall furnish forms for proof of loss within 15 days of request	
Proof of claim	(10)	Time limit for filing proof of loss	
Time benefits are payable	(11)	Benefits payable within 30 days and/or not less frequently than monthly	

To whom benefits are payable	(12)	Benefits payable to beneficiary, estate, or minor.	
Autopsy	(13)	Examination and autopsy at company expense	
Legal action	(14)	No action at law prior to 60 days; within 3yrs	
Termination of policy	(15)	Provision: conditions for which the policy may be terminated	
Limiting age - handicapped children	(16)	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the policyholder	
Diabetes	376.385	OFFER	
Conversion - group	376.395-404	Conversion upon termination of eligibility - group	
Newborn coverage	376.406	Moment of birth to 31 days. Plus an additional 10 days.	
Continuation of coverage	376.428	Continuation for terminated member - group	
Clinical Trials	376.429	S.B. 1026 (Eff. 8/28/02)	
Extension of Benefits - group	376.438	Provision for extension of benefits in the event of total disability at the date of any termination	
Newborn Hearing Screening	376.685/376.1220	Coverage for Newborn hearing screening, necessary rescreening, follow-up	
Public Hospitals	376.778	Payment to public hospitals	
Alcoholism	376.779	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under 376.811 are not automatically included or are rejected and the benefits outlined under 376.827 are not provided	
Speech & Hearing	376.781	OFFER	
Mammography	376.782	Minimum requirements	
Child Health Supervision	376.801	OFFER (in writing)	
Elective abortions	376.805	Only as Optional Rider	
Definitions	376.810	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	376.811	OFFER	
Coverage for adopted children	376.816	Provision identifying the effective dates of coverage for adoptive children	
Child Coverage: Discrimination Prohibited	376.820	Prohibited discrimination of child enrollment	
Mental Health & Chemical Dependency	376.825-840	Mental Health & Chemical Dependency Minimums (If Coverage Included)	
Spousal continuation - group	376.891-894	Following COBRA	
Direct access OB/GYN	376.1199	Direct access OB/GYN, Osteoporosis, Contraceptives	

Chemotherapy	376.1200	Chemotherapy/Bone Marrow Transplants - OFFER (in writing)	
Reconstructive surgery following mastectomy	376.1209	Coverage for reconstructive surgery & prosthetic devices following mastectomy	
Minimum maternity benefits	376.1210	48/96 hr inpatient, postdischarge, etc.	
Childhood immunizations	376.1215	Childhood immunizations with no deductible, coinsurance or copayment	
PKU testing and formula	376.1219	Coverage for the treatment of phenylketonuria	
Coverage for hospital dental procedure	376.1225	Coverage for general anesthesia, hospital charges for dental care	
Coverage for Chiropractic Care	376.1230 HB 121	shall provide chiropractic care, as defined in chapter 331, RSMo, as part of basic health care services for covered conditions. <i>Does not apply to individually underwritten policies</i>	
Cancer Screenings	376.1250	Pelvic exam, prostate exam, colorectal exam, etc.	
Cancer Diagnosis- 2 nd Opinion	376.1253	(Eff.1-1-03 // S.B 1026)	
Antigen Testing	376.1275	(Eff.1-1-03 // S.B 1026) Antigen testing – Bone marrow transplantation	
Testing for lead poisoning	376.1290	OFFER	
Definitions UR	376.1350	Definitions UR	
Right to appeal	376.1361.10	Right to appeal for coverage of drugs & durable medical equip.	
UR Determinations	376.1363	Notification requirements for UR determinations	
Determination for emergency services	376.1367	UR or benefit determination for emergencies	
Utilization Review procedures	376.1372	UR procedures in EOC	
Grievance procedures in EOC	376.1378	Includes statement that enrollee can contact MDI at anytime	
Grievance procedures	376.1382	Guidelines for 1 st level grievance procedure identified	
Grievance: second level review	376.1385	Guidelines for 2 nd level grievance	
Expedited review	376.1389	Procedure for an expedited review	
SMALL GROUP	-----	Provisions applicable to small group only:	-----
Eligible Employee	379.930.2(15)	Requirements for those who are eligible for coverage	
Late enrollee	379.930.2(19)	Provision for a late enrollee, including all subsections	
Qualifying previous coverage defined	379.930.2(25)	Definition of coverage that qualifies as previous coverage. Includes Medicare or Medicaid	
Definition of Small Employer	379.930.2(28)	“employed not less than three nor more than twenty-five eligible employees, the majority of whom were employed within this state...”	

Change of premiums	379.938.4(2)	Carrier's right to change premiums, and the factors besides claim experience that affect premiums	
Pre-existing condition exclusions	379.940.2(1)	12 month max on pre-ex condition exclusions, definition of pre-ex	
Qualifying previous coverage	379.940.2(2)	Credit for qualifying previous coverage and applicability of waiting period	
Waiting periods	379.940.2(3)	Waiting periods and/or pre-ex exclusions for late enrollees limited to 18 months	
PROHIBITED			
Arbitration	435.350	Arbitration is not allowed in contracts of insurance	
Subrogation & Third party recovery	20CSR 400-2.030	"Subrogation will not be allowed in any plan as distinguished from the rights to recovery"	
Application	375.936 (11)(f) RSMo.	Applications cannot ask if the applicant has been declined for other insurance	

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. The **Bolded** descriptions are areas which MDI frequently requires Insurers to make revisions of their policies or contracts. With respect to ordinary Health & Accident policies, the remaining provisions are similar in substance to NAIC model regulations. **Please refer to the statues and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statues and Regulations always prevails over this checklist.**